

Report to the Governor and 79th Legislature Systems Of Care For Children With Severe Emotional Disturbances and Their Families

Appendix H Recommendations sent to State Agencies by the State TIFI Consortium

Section 2.166, House Bill (H.B.) 2292, 78th Texas Legislature, Regular Session, 2003 requires each local Community Resource Coordination Group (CRCG) serving children and youth to assess the local provision of systems of care services for children with severe emotional disturbances, and to make related recommendations. The Health and Human Services Commission (HHSC), in conjunction with the State Texas Integrated Funding Initiative (TIFI) Consortium, created a summary report based on information from the local CRCGs, including recommendations for policy and statutory changes for each agency involved. The following recommendations were developed by the State TIFI Consortium and chosen by majority vote. As required by the legislation, each agency involved in the provision of systems of care services shall adopt rules, policy changes, and memoranda of understanding with other agencies as appropriate to implement the recommendations in the report. A final report, due January 2005, will also inform the Governor and 79th Texas Legislature and will be made available to the public through the HHSC website.

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BACKGROUND

The targeted population for the systems of care assessment, as defined by Section 2.166, H.B. 2292, is children and youth (birth to age 22) with severe emotional disturbances who may:

- Be at risk of incarceration or placement in a residential mental health facility
- Have had a court appoint the Department of Family and Protective Services as managing conservator
- Be students in a special education program
- Have a substance abuse disorder
- Have a developmental disability

One of the primary focal points of this legislative task is to evaluate the practice of the systems of care in the communities across Texas. Systems of Care (is defined as a "comprehensive spectrum of mental health and other necessary services which are organized into a coordinated network to meet the multiple and changing needs of children and their families." The core values of the Systems of Care philosophy specify that services should be community based, child centered and family focused, and culturally and linguistically competent. The guiding principles specify services should be:

- Comprehensive, incorporating a broad array of services and supports
- Individualized
- Provided in the least restrictive, appropriate setting
- Coordinated both at the system and service delivery levels
- Involve families and youth as full partners

- Emphasize early identification and intervention
NOTE: The values and principles for the Systems of Care are included in the appendices.

In 1999, Senate Bill 1234 of the 76th Regular Legislature authorized the HHSC and the State TIFI Consortium to pilot four community initiatives to develop local mental health care systems for children and youth who are receiving residential mental health services or who are at risk of residential placement to receive mental health services. HHSC and the Consortium piloted four community initiatives based on Systems of Care best practices. The TIFI Consortium is comprised of six state agency representatives with each agency identifying a family member who has been involved with, or has experience with their agency. A cornerstone of Systems of Care development includes family and youth partnerships in every level of service delivery, including policy planning, implementation of services, and evaluation. This practice is demonstrated through the collaborative effort of the development of this report.

A core component of this legislative charge includes the involvement of local Community Resource Coordination Groups, or CRCGs. Local CRCGs are county-based interagency teams comprised of public and private service providers and family representatives. The mission of the local CRCG is to develop individual service plans for children and youth who require interagency coordination in partnership with their families. Currently there is a local CRCG that serves children and youth available to all 254 Texas counties. Based on data submitted by local CRCGs, the majority of children and youth referred to this interagency process are at risk for out of home placement and require services to address behavioral health issues. For the purposes of this report as required by Section 2.166, H.B. 2292, surveys were sent to 143 local CRCGs, the total number of CRCGs serving children and youth across the state. Ninety percent (129) of the local CRCGs completed and returned the survey. The survey reported the majority of the respondents were local state agency staff (71 percent), education staff (70 percent), and private, non-profit staff (67 percent). In addition, respondents from local CRCGs included family members (16 percent) and youth representatives (4 percent) as well as other county or city-based staff and staff from advocacy, faith-based, local business, or community-based organizations. The Federation of Families for Children's Mental Health coordinated additional family forums using the same survey instrument to gather further input from families of children with severe emotional disturbances. This current data provided extensive information from which the Consortium formulated recommendations to propose to state agencies and the 79th Legislature.

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LOCAL COMMUNITY ASSESSMENTS

There were four over-arching questions that were asked of local CRCGs. The first question asked local CRCGs to **rate the availability of services and supports** to children and families in their community(ies). More than half of the community assessments noted Therapeutic Foster Care and Sex Offender Treatment Services as "*not available at all*" in their community(ies) (61 percent and 55 percent, respectively). Additionally, Mental Health Inpatient Services were noted as "*not available at all*" in 35 percent of the community assessments. The top five services and supports needed most for children with severe emotional disturbances and their families were reported as: treatment/therapeutic foster care, mental health outpatient services, mental health inpatient services, mental health assessment, and family support services.

Secondly, local CRCGs were asked to rate the presence of **characteristics of systems of care practices** in their community(ies). Characteristics that were rated as "*never present*"

(more than 90 percent) were:

- Collaboration across agencies through sharing staff and/or joint hiring/recruitment
- Family members are involved in recruiting/hiring of agency staff
- Agency evaluation efforts are linked through common or interactive data management systems

Characteristics rated as "*frequently present*" were:

- Cultural and linguistic competence supports through the translation of key documents (especially documents that must be signed, including legal and confidentiality documents). Respect and accommodation of individual child and family culture, traditions, beliefs, religion, race/ethnicity, community, and sexual orientation, when planning for services.
- Sharing outcomes across systems by individual agencies systematically collecting evaluation data.
- Using interagency/family services planning teams through agencies referring families or providing families with referral information to other systems, and staff from different agencies working together on case planning.

The third question of the assessment asked what **barriers** limit the community's ability to provide effective service for children with severe emotional disturbances and their families. "Access and Availability" and "Funding" issues were overwhelmingly identified as barriers to a community's ability to provide effective services.

Areas rated highest in "Access and Availability" were: insufficient quantity or lack of services/staff (89 percent), geographic challenges (85 percent), misunderstandings related to cultural differences (84 percent), and eligibility (74 percent).

"Funding" issues included: limited funding or lack of funding (97 percent), inflexible funding sources (78 percent), and lack of braided, blended, or otherwise integrated funding (74 percent).

Training areas included: lack of training or training needs (62 percent) and developing family partnerships (69 percent). While other highly rated areas included: economic issues, communication, and data (client data-sharing and methods of data collection).

The fourth and final question of the survey asked for **recommendations** from local CRCGs to overcome barriers in the provision of systems of care practices, and to improve the integration of services for children with severe emotional disturbance and their families. Although the recommendation details ranged from very general to very specific, the majority of recommendations focused on increasing funding, collaboration/coordination, family and community-based support, and training. The supplemental information provided by the additional family focused forums also included recommendations to increase access and availability to services and supports (eliminate waiting lists and transportation needs), family involvement and input, and training to staff in the area of sensitivity to the family's perspective/experiences on raising children/youth with special needs.

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RECOMMENDATIONS

The State TIFI Consortium is comprised of six state agency representatives and six family representatives and represents many years of combined experience and expertise related to

behavioral health services to children and youth. Additional interested stakeholders including local TIFI communities and federally funded System of Care communities participated in the development of this report. Promising practices based on in-state and out-of-state experience were considered. The information submitted by the local CRCGs was used by the Consortium to develop eighteen recommendations to state agencies that provide or impact mental health services to children and youth. The Consortium systematically formulated recommendations that could be achievable and realistic. The recommendations are grouped into five categories: Access and Availability, Awareness and Education, Family Support and Partnerships, Funding, and Collaboration and Coordination.

Access and Availability

In community assessments conducted by local CRCGs, respondents identified the most significant barriers to receiving mental health assistance as those related to Access and Availability were:

- Long waiting lists
- Decreased staff and services due to budget constraints
- Restrictive eligibility criteria
- Lack of services in rural communities-coupled with the cost and lack of availability of transportation
- Need for more bilingual (Spanish/English) translators and service providers
- Limited funding available for interpreters or translators

The community assessments also noted the following five services and supports were most important for children with severe emotional disturbances and their families:

- Outpatient mental health services
- Inpatient mental health services
- Mental health assessment
- Treatment/therapeutic foster care
- Family support services

Recommendation #1 (Service Provision): Department of State Health Services (DSHS), Department of Family and Protective Services (DFPS), Texas Education Agency (TEA), Texas Juvenile Probation Commission (TJPC), Department of Aging and Rehabilitative Services (DARS), and Texas Youth Commission (TYC) will identify and implement mechanisms to promote the availability of qualified translators, including multi-lingual interpreters, interpreters for the deaf, and accommodations for persons with visual impairments or other disabilities.

Recommendation #2 (Distribution of Services and Rural Issues): DSHS will identify and implement mechanisms to ensure access to, and availability of, an array of mental health/behavioral health/substance abuse services embodying the principles and values of Systems of Care in Rural/Frontier/Colonias areas of Texas.

Recommendation #3 (Education and Early Childhood): HHSC, DSHS, DFPS, TEA, TJPC, and TYC will implement the recommendations of Senate Bill (S.B.) 490, 78th Legislature, Regular Session, 2003, related to coordinating certain agency services and activities involving mental health care for young children, and S.B. 491, 78th Legislature, Regular Session, 2003, related to an assessment of school-based mental health and substance abuse programs (reports due January 2005).

Recommendation #4 (Insurance): HHSC will identify a dedicated legal position to provide

technical assistance to, and advocate for, families in negotiating with insurance companies, in order that families can receive services covered in their policies and help prevent cost shifting to the public sector (e.g., Medicaid, CHIP) by private health insurance carriers.

Recommendation #5 (Transportation): HHSC will include representation from the State TIFI Consortium to address transportation needs of children and youth and their families on appropriate interagency workgroups and forums between health and human service agencies and the Texas Department of Transportation (TxDot).

Recommendation #6 (Therapeutic/Treatment Foster Care): Agencies that provide or fund residential treatment services, including DSHS, DFPS, TEA, TJPC, and TYC, will promote the provision of, or access to, family-based alternatives (such as therapeutic foster care, treatment foster care, or other support-family alternatives) as a least restrictive option to prevent relinquishment of the custody of children and youth in order to receive mental health services.

Expected outcomes of the above recommendations include:

- Increased number and availability of mental health professionals who are multilingual or who can obtain professional translation services so that children, youth and their families can be full participants and partners in the delivery services.
- Distribution and availability of services for rural and frontier areas of Texas is geographically balanced.
- Increased frequency of involvement of mental health professionals in planning and implementation of services available to students through the public school systems.
- Improved integration of mental health professionals in Individual Education Plan (IEP) development process for individual students.
- Fewer disruptions to educational objectives for the child receiving services, for faculty, and for other students.
- Improved educational achievement/advancement/promotion for the child receiving services.
- A standardized benefit structure that enables and improves client access and provider reimbursement.
- Creation of a function at the Ombudsman Office at HHSC that provides legal technical assistance to families to empower the families to negotiate competently to maximize their insurance benefits in receiving services covered in their policies thereby decreasing the need for state dollars (Reference: Michigan procedure).
- Transportation needs are addressed for all families requiring health and human services.
- Better utilization of community partnerships among traditional and non-traditional providers and families.
- Increased knowledge about, and availability of, treatment foster care families.

Awareness and Education

The community assessments conducted by local CRCGs reported a lack of, or limited awareness and education of, the general public as barriers to the effective provision of services and supports for children with severe emotional disturbances and their families, including:

- Limited knowledge, training, and practice in developing partnerships with families, case managers, or providers
- Limited opportunities and access to training, especially cross-agency training
- Limited community collaboration or shared outcomes across agencies/systems,

including

- Lack of shared staff; joint hiring/recruitment
- Lack of shared administrative forms, unified case records, and joint administrative system implementation meetings
- Lack of common or interactive data management systems linking agency client data and evaluation efforts

Recommendation #7 (Training): DSHS, DFPS, TEA, TJPC, Texas Correctional Office for Offenders with Medical and Mental Impairments (TCOOMMI), and TYC, in collaboration with family partners, including the federally designated statewide family network, will develop mechanisms to incorporate systems of care competencies into agency training for appropriate staff.

Expected outcomes of the above recommendation include:

- Increased knowledge and awareness of effective services and supports within local systems of care for children with severe emotional disturbances and their families by agencies and communities.
- Shared outcomes across agencies/systems by agencies, communities and families.
- Increased access to needed services and supports within local systems of care by agencies, communities, and families.
- Potential providers receive training in systems of care, child and family driven services, and strengths based service delivery including routine continuing education.

Family Support and Partnerships

Family support services were identified as one of the areas of highest need/importance for children with severe emotional disturbances and their families, including:

- Respite
- Peer led services
- Mentoring
- Family-to-family support
- Advocacy
- Vocational services and supports
- Supported housing for families with children with severe emotional disturbances.

Assessments reported the absence of specific supports and services needed by families as a problem, as well as the general lack of flexible funding streams and collaboration around family and child-centered, individualized treatment planning. A key characteristic of the system of care practices that was rated as "never present" by local CRCGs was, "family members are involved in recruiting/hiring of agency staff." Additionally, "Family Partnerships" in training was rated as a specific barrier to effective service delivery. The top recommendations cited in the CRCG survey related to family support and partnerships, includes funding, collaboration/coordination, training, family and community-based support, service coordination/navigation, and increased communication.

Recommendation #8 (Supports and Partnerships): The Legislative Budget Board should incorporate requirements in the guidelines for each child/youth- serving agency's strategic plan a specific proposal to increase family/youth involvement. The proposal should be cost-neutral for the family representatives and reflect the core values and guiding principles of systems of care.

Recommendation #9 (Supports and Partnerships): DSHS, DFPS, TWC, TEA, TJPC and

TYC will sustain and leverage funds for the enhancement and coordination of family/youth support services, such as respite, quality child care for children/youth with disabilities, supported housing, family-to-family supports, peer-led services and training, vocational services, transportation services, and mentoring.

Recommendation #10 (Supports and Partnerships): DSHS, DFPS, TEA, TJPC and TYC will identify and implement mechanisms to increase access and availability to family-selected, informal activities, family-to-family supports, and natural supports in the community.

Recommendation #11 (Supports and Partnerships): DSHS will:

- a. Build on contracted parent/family care coordination activities (existing parent case management model with legacy agency Texas Department of Health) to include children and youth with behavioral health needs.
- b. Consider for inclusion the parent/family care coordination activities (parent case management model) within targeted case management services for children and youth with mental health needs.
- c. Sustain and expand the "family partner" component within Resiliency and Disease Management.

Expected outcomes of the above recommendations include:

- Increased satisfaction with services by children/youth and families as these agencies and services become more responsive to their needs.
- Increased informed choices and awareness by families to help their children access the available meaningful supports and services that will positively impact their children's development thus influencing their critical developmental years.
- Increased efficient use of public and private funds to reduce the impact of children's mental illness within the family, school, and community.
- Improved school performance and decreased utilization of juvenile justice systems in order to access mental health treatment.
- Increased responsiveness to match services to the actual needs of children and families. Funding shifts from high cost institutional services toward community-based services sought by families such as respite, quality child-care for children with disabilities, supported housing, family-to-family supports, peer led services, vocational services, and mentoring.
- Increased use of evidence-based, family-centered practices by providers in the community.
- Increased accountability and cultural competence between agencies and families by involving families at all levels of policy development and implementation.
- Increased investment from families in the agencies serving their children and decreased conflict between providers and recipients of services.
- Increased respect and understanding between providers and families.
- Improved employment opportunities for professional family members to bring their unique experiences and contributions to agencies to enhance a competent and affordable workforce.
- Readily available training that is disseminated to providers across systems in skills needed to partner with families. Individualized service planning and delivery increase with families as partners across all levels of the system.
- Increased family access for appropriate training to provide them with the knowledge, skills, and abilities to provide excellent services as professional parent liaisons.
- Increased access to family-run organizations and promotion of peer-to-peer networks.

Funding

Assessments indicated funding issues were the most frequent barrier to the effective provision of services and supports for children with severe emotional disturbances and their families. The identified issues included:

- Insufficient funding to meet service needs across agencies
- Decreased funding for mental health services
- Inadequate funding for rural or less populated areas of the state
- Lack of flexibility to shift funding where needed
- Inability to access funding to assist with non-traditional, natural supports within the community
- Inability to integrate or otherwise blend funding to meet needs

The local economic climate experienced by many Texan families is also a considerable barrier, with features including:

- Low socioeconomic status in many areas of the state
- Depressed economy resulting in limited employment opportunities and/or low wages
- Cost and availability of housing and transportation

Recommendation #12 (Utilization of Existing Funds): HHSC will identify and expand strategies and funding sources to provide alternatives to residential treatment and serve children and youth with serious emotional disorders in their communities. Strategies should include consideration of a 1915(c) waiver or other recommendations made from "Community-based Treatment Alternates for Children-Real Choice" grant.

Recommendation #13 (Utilization of Existing Funds): HHSC, DSHS, DFPS, TEA, TJPC, and TYC will incorporate System of Care core values into relevant grants awarded by the State that pertain to the delivery of services to children and youth with mental health needs.

Recommendation #14 (New Non-General Revenue Funding Sources): HHSC, in collaboration with family partners and resource procurement experts (including the Office of the Governor's State Grants Team and Texas A&M University Agricultural Extension Services-Community Grant Support Initiative), will develop formal linkages, structures and agreements in order to increase local communities' abilities to identify and procure grant funds which will enhance and sustain core elements of local systems of care.

Recommendation #15 (New Non-General Revenue Funding Sources): DSHS, DFPS, TEA, TJPC, TCOOMMI, and TYC will continue to enhance funding sources through alternate or additional funding strategies (e.g., IV-E, 1915-C, 1915-B, 1915-G, etc.) for procurement and implementation of community-based services for children's mental health.

Expected outcomes of the above recommendations include:

- Increased funding through Title IV-E and additional grants that will enable improved access to, and expansion of, services which are alternatives to residential treatment, including treatment/therapeutic foster care.
- Establishment of formal relationships, which increase local and state expertise related to systems of care development and effective grant writing.

Collaboration and Coordination

CRCG community assessments identified some progress in collaboration and coordination among agencies; however, significant improvement continues to be needed. Respondents

indicated interagency meetings for systems planning and coordinating purposes, and local memorandums of understanding were not a frequent occurrence. Respondents also noted cross training, shared staff, joint recruitment or hiring of staff, and co-locating staff rarely occurs in communities. Additionally, communities reported they have not created administrative forms, unified case records, or held joint administrative system implementation meetings. A lack of consistent, standardized data collection or sharing data across agencies was also noted as a barrier to the effective provision of services for children with emotional disturbances and their families.

Recommendation #16 (Integrated Planning): HHSC will use the Office of Program Coordination for Children and Youth to incorporate the following:

- a. Staff with expertise in services to children and youth who have special needs such as the need for mental health services, special health care services, substance abuse intervention services, and/or services provided through the child welfare and juvenile justice systems;
- b. Collaboration with DSHS, DFPS, DARS, and Department of Aging and Disability Services (DADS) and their designated family partners to ensure ongoing coordination of activities related to children and youth issues across health and human service agencies; and
- c. Collaboration with child and youth experts at non-health and human services agencies serving children and youth including TEA, TJPC, TYC, TWC and the federally designated statewide family network to ensure ongoing coordination of activities related to children and youth issues.

Recommendation #17 (Integrated Planning): DSHS, DFPS, DADS, and DARS will ensure that each agency's Center for Policy and Innovation and/or Center in Program Coordination includes dedicated staff, who, in collaboration with identified family partners, will:

- a. Coordinate policy and services implementation across programs for children and youth;
- b. Ensure expertise in providing services to children at the programs implementation and oversight levels;
- c. Ensure coordination with the HHSC Office of Program Coordination for Children and Youth; and
- d. Ensure agency participation with local community groups such as Community Resource Coordination Groups, Systems of Care, and family-run organizations.

Recommendation #18 (Systems of Care Expansion): HHSC, DSHS, DFPS, TEA, TWC, TJPC, and TYC will pair a designated agency staff member with an identified family partner to serve on the State TIFI Consortium to provide statewide oversight to build on existing efforts to further develop system of care practices. Functions will include expert consultation relating to:

- a. Interagency agreements and cooperation of integrated service delivery for children and youth with behavioral health needs;
- b. System of care training and technical assistance to state and community partners, in collaboration with the federally designated statewide family network; and
- c. Policy and program issues related to children and youth behavioral health.

Expected outcomes of the above recommendations include:

- Enhanced coordination and collaboration among service delivery providers with the inclusion of building on family's expertise as involved partners in policy planning and

development, implementation, and evaluation.

- Existing collaborative structures such as local CRCGs and other interagency groups have readily available broad-scale technical assistance needed to implement key components of systems of care.

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APPENDICES

- Section 2.166, H.B. 2292, 78th Texas Legislature, Regular Session, 2003
- Community Assessment Summary
- Family Focus Forum Summary
- System of Care Core Values and Guiding Principles

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